

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

*Reapplying class C  
(Taxi)*

*Robert P. ...*

(Please type or print)

Submitted by: 3120 WaccamawAddress: Bld.Suite DMB, SC 29579Telephone: (843) 685-427

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |                                                                                                                                         |                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Application – Class C Taxi                                                                          | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter                                                                                  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus                                                                              | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency                                                                            | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods                                                                          | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste                                                                          | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application                                                                                                    | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                     | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                        | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension                                                                                         | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement                                                                                      | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate                                                                         | <input type="checkbox"/> Other: _____                                  |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI

DATE 5/22/, 20 08

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AdCab LLC

2. (a) Street Address of Applicant 3120 Waccamaw Blvd, Suite D

Myrtle Beach, SC 29572

- (b) Mailing address, if different from street address \_\_\_\_\_

- (c) Telephone Number (843) 448-4242 Fed. ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Robert Pikaart 227 Springlake Dr MB SC 29579

Gary Bish 3243 Waccamaw Blvd MB SC 29579

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

**RECEIVED**

MAY 23 2008

PSC SC  
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

|                                     |                   |
|-------------------------------------|-------------------|
| <b>Assets:</b>                      |                   |
| Cash                                | 10,000            |
| Receivables                         | 10,000            |
| Real Estate                         |                   |
| Buildings and Equipment-Net         | 2,500             |
| Motor Vehicles-Net                  | 300,000           |
| Garage Equipment-Net                |                   |
| Machinery and Tools-Net             |                   |
| Supplies on Hand                    | 1,500             |
| Prepays and Other Assets            |                   |
| <b>Total Assets</b>                 | <b>324,000</b>    |
| <b>Liabilities and Equity:</b>      |                   |
| Accounts Payable                    |                   |
| Notes Payable                       | 228,000           |
| Mortgages Payable                   |                   |
| Equipment Obligations               |                   |
| Accrued Salaries and Wages          |                   |
| Other Accrued Obligations           |                   |
| Other Liabilities                   |                   |
| <b>Total Liabilities</b>            | <b>228,000</b>    |
| Capital Stock                       | 424,000           |
| Retained Earnings                   |                   |
| <b>Total Equity</b>                 | <b>424,000</b>    |
| <b>Total Liabilities and Equity</b> | <b>228,424.00</b> |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF HorryI, Robt A. Rhee  
(Name of Applicant's Representative)Manager Member  
(Title)

of Adcab LLC, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At Myrtle BeachThis the 22 day of May 20 08John B. Bussard  
(Notary Public)Robt A. Rhee  
(Signature of Applicant's Representative)Commission Expires 9/12/15

EXHIBIT C

CLASS C - TAXI x


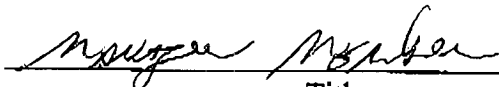
CHARTER \_\_\_\_\_

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Adcab LLC

For the transportation of passengers as follows:

Area to be served: UnlimitedNumber of passengers: 15Fares: \$2.40 per mileDate 5/22/08  
By  
Title

Rev.10/03

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**DESCRIPTION OF EQUIPMENT**

\* Seats if passenger carrier.

Survey number  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Adcab LLC

(Name of Motor Carrier)

3120 Waccamaw, Suite D, Myrtle Beach, SC 29579

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance 4,337.00 per vehicle

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

|                   |   |                       |
|-------------------|---|-----------------------|
| 1 - 7 passengers  | - | 25,000/50,000/25,000  |
| 8 - 15 passengers | - | 25,000/100,000/25,000 |

Columbia, Ins. Co.

(Insurance Company Name)

P.O. Box 221229, Charlotte, NC 28222

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5/22/08

Date

  
(Authorized Insurance Company Representative)

Rev 5/07

Jan. 17. 2003 4:13PM GRAINGER CO MB

No. 6915 P. 8

**EXHIBIT FWA**Name: ADCB LLCAddress: 3120 WACCAMAW BLVD Ste D Myrtle Beach SC  
29575Telephone No. 843 448-4242 Fax No. 843 903 4444

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

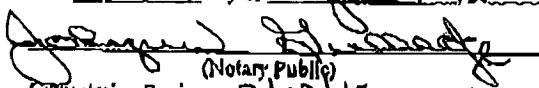
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

At Myrtle BeachThis 14 day of Jan, 2008  
(Notary Public)  
Commission Expires: 9/12/15

Jan. 17. 2008 4:13PM GRAINGER CO MB

BLUESKYTITLESERVICES

No. 6915 P. 10 01/05

ADcab

ROCK STAR  
cabs

Kyle Price

~~843-458-6862~~

D.O.B.: 5/8/69

602 Waterway Village, Unit 30C

Myrtle Beach, SC 29579

843-458-6862

Occupation: 33 1/3 owner of Boondocks River Grill

Estimated value: \$650,000.00

Robert A. Pilkaart

~~843-449-5062~~

D.O.B.: 5/24/58

7702 Woodland Drive

Myrtle Beach, SC 29572

843-449-5062

Occupation: 40% owner of Taxi Solutions, LLC.

100% owner Searco Transportation, LLC.

27 years experience in the taxi industry

15 years in Myrtle Beach, SC

Owner of Coastal Cab from 1997-2001

Partner in Taxi Solutions, LLC and Ad Cab, LLC

Gary Bish

~~843-655-0721~~

D.O.B.: 1/24/48

8117 Wacabee Drive

Myrtle Beach, SC 29579

843-655-0721

Occupation: Real Estate Appraiser for 30 years

Owner (33 1/3) of Boondocks River Grill for one year and partner of Taxi Solutions, LLC and Ad Cab, LLC

John J. Mitchell

~~843-280-5078~~

D.O.B.: 4/30/49 9/6/47

4396 Baldwin Avenue

Little River, SC 29566

843-280-5078

Occupation: Real Estate Agent

30% ownership of Taxi Solutions, LLC and Ad Cab



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

AD-CAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 8th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
14th day of June, 2007.

A handwritten signature of Mark Hammond in cursive script.

Mark Hammond, Secretary of State

eJan. 17. 2003a 4:13PM 4391GRAINGER CO MB

BLUESKYTITLESERVICES

No. 6915 P. 12 03/03

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICESTATE OF SOUTH CAROLINA  
SECRETARY OF STATE

JUN 08 2007

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANYMark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

## TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is AD-CAB LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
3120 WACCAMAW BLVD. Suite D  
Myrtle Beach SC 29579  
City State Zip Code
3. The initial agent for service of process of the Limited Liability Company is  
John Mitchell Gary Bish  
Name Signature  
and the street address in South Carolina for this initial agent for service of process is  
3120 WACCAMAW BLVD Suite D  
Myrtle Beach SC 29579  
City State Zip Code

The name and address of each organizer is

- (a) Robert Pikaart  
Name  
7702 Woodland Dr Myrtle Beach  
Street Address City  
South Carolina 29572  
State Zip Code
- (b) John Mitchell  
Name  
4396 Baldwin Ave Little River  
Street Address City  
South Carolina 29516  
State Zip Code

(Add additional lines if necessary)

- 1 Check this box only if the company is to be a term company. If so, provide the term specified: NA

c) Gary Bish

A117 WACCAMAW BLVD Myrtle Beach SC 29579

FILED: 06/08/2007

Filing Fee: \$410.00 ORPG



South Carolina Secretary of State

Mark Hammond

07/06 12-0133  
AD-CAB LLC

Jan. 17. 2003 4:13PM / GRAINGER CO MB

517 WACOBER DR, Myrtle Beach, SC 29579 No. 6915 P. 13

d) Kyle Pelce

102 (300) Waterway Village

Myrtle Beach, South Carolina 29579

Jan. 17. 2008 4:13PM GRAINGER CO MB

BLUESKYTITLESERVICES

No. 6915 P. 14 09/08

AD-CAB LLC  
Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If the company is to be managed by managers, specify the name and address of each initial manager:

(a) John Mitchell  
Name  
4396 Baldwin Ave Little River  
Street Address City  
South Carolina 29566  
State Zip Code

(b) Robert Pikart  
Name  
7702 Woodland Dr Myrtle Beach  
Street Address City  
South Carolina 29572  
State Zip Code

(c) GARY BISH  
Name  
8117 Wacobie DR Myrtle Beach  
Street Address City  
South Carolina 29579  
State Zip Code

(d) Kyle Price  
Name  
602 (30-C) Waterway Village Myrtle Beach  
Street Address City  
South Carolina 29579  
State Zip Code

(Add additional lines if necessary)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

John Mitchell - ALL debt & obligations  
Robert Pikart - ALL debt & obligations  
GARY BISH - ALL debts + obligations  
Kyle Price - ALL debts + obligations

Jan. '7. 2003a 4:13PM B439GRAINGER CO MB

BLUESKYTITLESERVICES

No. 6915 P. 16 05/05

AD-CAB LLC  
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

NA

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

[Signature]  
[Signature]  
[Signature]  
(Add Additional lines if necessary)

Date

6/1/07

### FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11360  
Columbia, SC 29211

### NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1720.